FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

P94000084004 (8)

117 6								
JK H	OTONDA, INC.				 	 		<u> </u>
Principal Place	e of Business	Mailing Address						
1916 OCEAN DR. 1916 OCEAN DR. VERO BEACH FL 32963 VERO BEACH FL 32963								
					3. Date Incorporated or Qualified 11/17/1994	1	of Last R	•
2. Principa! Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
1		26			65-0536360			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State	3	City & State			6. Election Campaign Financing			· · · · · · · · · · · · · · · · · · ·
:3		28			Trust Fund Contribution			D May Be I to Fees
Ζφ 4	Country 25	Zφ 29	Country 30	у	This corporation has liability for in Florida Statutes			
<u> </u>	9. Name and Address of Curre		30		10. Name and Address of New R		A nent	
			81	Name	10. Home and Address of New A	egistered	- gem	
ERICKSON, PAUL B 321 ROYAL POINCIANA PLAZA			<u> </u>		(D.O. Day Niverbay is Nist Assessed	1-1		
			02	Street Addi	et Address (P.O. Box Number is Not Acceptable)			
	BEACH FL 33480		83	1				
			84	City			85 Zip	Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute.				,		FL		
SIGNATURE	ur, and accept the obligations of, Sec	tion 607.0505, Flonda Statutes	ed by the corp i.	ooralion's boa	ration submits this statement for the por ard of directors. Thereby accept the appo	ointment as	registered	agent. I am
SIGNATURE .	on, and accept the boligations of, Sec Sgriatile, light or printed name of regularist agent OFFICERS AN	nion 607.0505, Flonda Statutes nion life da grante jux ND DIRECTORS	i.	ooralion's boa	and of directors. Thereby accept the appx edizate in state git	DATE		
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attack that a direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: ___